

Supplemental Waiver Request Application

Waiver Request Type										
S	idewalk			Parking	Spaces		Parking/Aisle	Dimen	sion 🗆	
Landscaping & Buffering					Signage			O	ther 🗆	
Project Information										
Address Tax Map Zoning District Owner or Agent			Grid		Par	cel	_	ot		
			PC	Meeting Date			Historic District Ye	s 🗆	No 🗆	
Mailing Address Telephone No.		_		Email		_				
Request Details										
Please attach a detailed description of the waiver request(s) being made and the justification(s) for requesting said waiver(s).										
Ordinance Section Supporting Waiver Request.										
Any modifications during review shall warrant an updated application.										
I do hereby solemnly declare and affirm that the information provided by this application and the documents attached hereto accurately represent the conditions of the request and that submission of an incomplete application will be returned for correction prior to processing.										
Signature of Appli										
Printed Name of A	Applicant	or	Date Agent							